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By: \_\_\_\_\_  
Printed: Adam Bell

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith for filing is the patent application of:

**Inventors:** Kaput, James

**Title:** IDENTIFICATION OF DIET-REGULATED DISEASE-ASSOCIATED GENES

**Enclosed:**

- ☒ 1 Return Receipt Postcard;  
☒ 1 Transmittal Fee Sheet (2pp., in duplicate);  
☒ 34 Pages of Specification (pp. 1-34);  
☒ 4 Pages of Claims (pp. 35-38);  
☒ 1 Page of Abstract (pg. 39);  
☒ 80 Pages of Figures (Fig. 1, 2, 3, 4);  
☒ 3 Pages of **Unexecuted** Declaration;  
     a. ☐ Newly executed (original or copy)  
     b. ☐ Copy from a prior application (37 CFR 1.63(d) for Continuation or Divisional)  
         i. ☐ Signed statement deleting inventor(s) named in prior application  
     c. ☒ Unsigned  
☒ 1 Credit Card Payment Form (1pg., in duplicate);  
☐ Pages Power of Attorney;  
☐ Pages Assignment  
☐ Page Assignment Recordation cover sheet (in duplicate);  
☐ Page Information Disclosure Statement (PTO form 1449)  
☐ Cited References.
- ☐ English translation  
☐ Preliminary Amendment  
☐ No Publication Request  
 (PTO/SB/35 or equivalent)  
☐ IDS  
☐ IDS (PTO form 1449)  
☐ IDS References

☒ **Applicant claims Small Entity Status**

**Fee Calculation** – The fee has been calculated as follows:

**CLAIMS AS FILED** (Fees computed under §1.16)


Claims	Number Filed	Minus	Number Extra	Small Entity Rate	Fee	Basic Fee \$385.00
<b>Total Claims</b>	14	-20	0	X \$ 9		\$ 0
<b>Indep. Claims</b>	1	-3	0	X \$43		\$ 0
<b>Multiple Dependent Claim(s), if any + \$270</b>						\$ 0

**TOTAL FILING FEE \$385.00**

Respectfully submitted,

Date: 31 October '03

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